

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM <input type="checkbox"/> PM <input type="checkbox"/>	TIME EMS ARRIVED	AM <input type="checkbox"/> PM <input type="checkbox"/>	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER			
NARRATIVE / ADDITIONAL PASSENGERS											
SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject	
VIOLATOR		FL STATUTE NUMBER	NAME	CHARGE	CITATION #						
VIOLATOR		FL STATUTE NUMBER	NAME	CHARGE	CITATION #						
WITNESS - NAME		ADDRESS			CITY & STATE		ZIP				
1											
WITNESS - NAME		ADDRESS			CITY & STATE		ZIP				
2											
FIRST AID GIVEN BY - NAME:		1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	INJURED TAKEN TO:			BY - NAME:				
WAS INVESTIGATION MADE AT SCENE?		1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>	WHERE?	IS INVESTIGATION COMPLETE?	1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>	WHY?	DATE OF REPORT	PHOTOS TAKEN?	1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>	3 INVEST. AGENCY	4 OTHER
INVESTIGATOR - RANK & SIGNATURE				ID / BADGE NUMBER	DEPARTMENT			FHP <input type="checkbox"/> SO <input type="checkbox"/> CPD <input type="checkbox"/> OTHER <input type="checkbox"/>			